

NUTRI-SPEC



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THE NUTRI-SPEC LETTER

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From:
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Dear Doctor,

With what you have learned from your last several NUTRI-SPEC LETTERS, you have magical powers to offer your patients. You are without exaggeration ...

A WIZARD OF GLYCEMIA.

With your NUTRI-SPEC key concept of biological individuality you can tell ...

WHO WILL BECOME DIABETIC, WHEN, AND HOW.

You can thus prevent the agonies of diabetes in your vulnerable patients. For patients who are already diabetic, NUTRI-SPEC analysis gives you the magic formula to often stop or even reverse the deadly pathology. You also demonstrate your clinical powers in knowing ...

WHO WILL BECOME HYPOGLYCEMIC, WHEN, AND HOW.

You then have the power to cast out the demon of hypoglycemia no matter how totally it has possessed your patient.

Much of your power over glycemic control comes from understanding the balance between ...

GLUCAGON AND INSULIN.

Your NUTRI-SPEC analysis easily categorizes diabetic and hypoglycemic patients, fitting them neatly into your metabolic balance paradigm. The

various types of breakdown in glycemic control generally follow these patterns:

- Type I diabetes = Sympathetic Imbalance = insufficient insulin production, perhaps insulin resistance, occasionally excess glucagon, and elevated circulating glucose.
- Type II diabetes = Ketogenic Imbalance = insulin resistance, excess circulating insulin, excess glucagon, and elevated circulating glucose.
- Reactive, compensated hypoglycemia = Glucogenic Imbalance = increased insulin sensitivity, decreased glucagon, catecholamine stress reaction to compensate for rapidly falling blood glucose.
- Uncompensated hypoglycemia = Parasympathetic Imbalance = increased insulin output and the resulting low blood glucose.

In response to a meal typical of the high carbohydrate (low fat) diet recommended by the “authorities,” your glucogenic and parasympathetic patients show an increased insulin effect; your ketogenic and sympathetic patients show a decreased insulin effect. The protein deficiency that can accompany the low fat, high carbohydrate diet also causes a decrease in muscle mass, a weak immune system, hair loss, and a Prostaglandin Imbalance.

In your last two NUTRI-SPEC LETTERS, you were given graphs showing the glucose and insulin curves typical of your glucogenic, ketogenic, sympathetic, and parasympathetic patients, and how those curves compare with a person having good glycemic control. You also saw how those abnormal glucose and insulin curves are exacerbated to an extreme by a high carbohydrate, low fat meal.

You have learned precisely how meals that are either excessively high in carbohydrate, or, that include carbs with a particularly high glycemic index, yield an exaggerated insulin response as well as a decreased glucagon response. The elevated insulin and deficient glucagon cause:

- increased conversion of carbohydrate and protein to fat for storage.
- decreased access to stored fat for energy.
- obesity (particularly abdominal obesity in your ketogenic and sympathetic patients).
- elevated triglycerides and cholesterol.
- a drop in HDL cholesterol.
- a hypoglycemic reaction in your parasympathetic and glucogenic patients.

- elevated insulin in your ketogenic patients, and eventually Type II diabetes.
- a rise in blood sugar in your sympathetic patients.
- elevated blood pressure.
- cardiovascular disease.
- increased conversion of arachidonic acid into nasty prostaglandins and leukotrienes (= allergies, headaches, arthritis, premenstrual symptoms, etc.).

We have made the point over and over again that following the NUTRI-SPEC Fundamental Diet --- with the proper proportions of protein to carbohydrate to fat --- is absolutely essential to prevent and control diabetes and hypoglycemia. Tell your patients over and over and over again they need 21 properly proportioned meals every week.

But now, after demonizing the high carbohydrate, low fat eating plan advocated by misinformed and/or dishonest authorities, we must ask ourselves --- is a high carbohydrate meal the only way to violate the NUTRI-SPEC Fundamental Diet? No, a person can also eat an excessively high protein meal. Excessive protein can be a problem for your sympathetic patients, and it is always a problem for your ketogenic patients. A high protein meal, like a high carb meal, increases insulin output, which is a problem for your ketogenic patients, causing them to store protein as fat, and, to decrease the release of stored fat. Since your ketogenic patients are insulin resistant, the damaging insulin circulates at chronically high levels just as it does after a high carb meal. The high protein meal also stimulates the pancreatic release of excessive glucagon, which elevates the blood sugar of your sympathetic and ketogenic patients, many of whom are diabetic, or at least pre-diabetic.

The high protein, low carbohydrate diet can also throw your patients into ketosis. For those who tend to be glucogenic or parasympathetic ...

KETOSIS IS BLISS.

But for those who are ketogenic, ketosis can initiate changes in fat cells such that they are as much as ten times more active in storing fat. In sympathetic and ketogenic patients on a high protein diet, muscle mass can be catabolized for glucose to supply the brain.

Wow! --- Just when you may have been thinking that offering your patients the opposite of the common wisdom of our day --- a low carbohydrate diet instead of the high carbohydrate diet, you find out that the low carbohydrate diet can be just as damaging. Do we have a dilemma here? Certainly not. --- You recommend to your patients not

the high carbohydrate diet, not the low carbohydrate diet, not the high protein diet, not the low fat diet, not the high fat diet --- you offer your patients the NUTRI-SPEC Fundamental Diet.

With a simple calculation, your NUTRI-SPEC Fundamental Diet determines the ideal protein intake for each patient, and from that number derives the ideal carbohydrate intake. For your glucogenic and parasympathetic patients, the calculated protein intake is to be considered the minimum at each meal, with the corresponding carbohydrate a maximum. For your ketogenic and sympathetic patients, the calculated protein intake is to be considered a maximum for each meal, with the amount of carbohydrate intake recommended influenced to some degree by whether the patient needs to lose body fat. Since the protein sources in the NUTRI-SPEC Fundamental Diet --- meat, fish, poultry, eggs, and cheese --- include fat, the proper proportion of fat in the diet is provided automatically.

Why is dietary fat important? We NUTRI-SPEC practitioners are acutely aware of the benefits saturated fats provide --- from the brain development of infants all the way through brain preservation in old age. We are equally aware of the damaging effects of omega 6 and omega 3 polyunsaturates, and see maximizing the ratio of saturated fat to polyunsaturates as the key to maintaining youthful vitality and avoiding degenerative disease. But since we are discussing the immediate consequences of a meal either with or without the proper proportions of fat, carbohydrate, and protein, let us point out one additional benefit of dietary fat. Adequate fat in a meal stimulates the release of cholecystokinin from the upper GI tract. This hormone then tells the brain you are satisfied, and you stop eating. Nothing contributes more to gluttonous eating habits than a low fat diet. Many can gobble up mountains of sugars and carbs and still be munchy for more. Yes, the secret to optimal performance is the properly proportioned NUTRI-SPEC Fundamental Diet.

Speaking of optimal performance --- did you pick up on what was said above regarding a high protein diet and muscle mass? In many people, a high protein diet causes muscle mass to be catabolized. Imagine all the athletes and body builders who have been hooked on the idiotic notion of consuming grotesque quantities of protein in an effort to build muscle. Their efforts are just as counterproductive as are those of athletes taking the opposite approach --- with carbohydrate loading before athletic events and slurping Gatorade during competition. Athletes following advice at both ridiculous extremes must learn what you know --- that at rest, and under ideal conditions, 70% of the calories we burn are from fat. During athletic competition the percent of energy derived from fat should actually increase to conserve blood sugar and

muscle glycogen. As we have detailed for you in many past Letters, athletes need a high fat (not high carb, and not high protein) diet, both for maximum benefits from training, and to maximize event performance.

The NUTRI-SPEC Fundamental Diet --- with protein and fat and carbohydrate in proper proportion --- is superior to carbs alone in replacing muscle glycogen and promoting the release of anabolic hormones after intensive exercise. This optimum hormone response improves recovery time and maximizes the training effect of the workout or competitive event. For athletes competing and training for endurance, the NUTRI-SPEC Fundamental Diet allows fatty acids to be released from adipose tissue at a faster rate. Fatty acid release increases muscle endurance as glycogen is conserved. (Remember, while fat comprises 70% of our total body's calories burned, it is the primary and almost exclusive energy source for muscles.) The properly proportioned diet allows for increased oxygen transfer and decreased muscle fatigue, while at the same time keeping blood sugar stable. A final note on balanced eating for athletes (that applies equally well to all of us) is that the excess insulin stimulated by a high carb meal inhibits anabolic hormone release --- making us weak and old.

What else can be said about the excess insulin released in response to either a high carbohydrate or a high protein meal? As if diabetes, hypoglycemia, abdominal obesity, elevated triglycerides, low HDL cholesterol, hypertension and cardiovascular disease were not enough -- - there is even more to the evils of high insulin. If the insulin resistance is accompanied by somewhat elevated blood sugar (as it inevitably will be), then glycosylated hemoglobin in red blood cells reacts with proteins to form advanced glycosylated end products (AGEs). The best indication that this phenomenon is occurring is the blood test for glycosylated hemoglobin. These AGEs result from excess dietary carbohydrate cross linking with protein. These sticky AGEs adhere to the arteries in the heart, hands, feet, and eye, forming plaques in the arterial endothelium. AGEs also do damage intracellularly by sticking to cellular DNA. Oxidative damage and premature aging is the result.

Another alarming consequence of a high protein or a high carbohydrate diet that results in elevated insulin is breast cancer. The increased circulating insulin decreases circulating proteins that bind hormones, which allows excess free estrogen. Many types of cancer, not merely those of the breast and cervix, are associated with estrogen stress.

Do you begin to see why you must identify excess insulin --- either due to excess production, or to insulin resistance --- in your patients?

So much can be done with your expert dietary recommendations alone, with the benefits being multiplied by the specific use of your NUTRI-SPEC supplements. For those patients who test glucogenic, parasympathetic, sympathetic, or ketogenic, your clinical course is clear. For those who are diabetic, but do not clearly show a metabolic imbalance on NUTRI-SPEC testing, you have been given in a previous Letter a protocol for choosing the specific supplement and dietary recommendations.

For those who are not diabetic, and do not clearly show one of the four metabolic imbalances associated with poor glycemic control, here is another helpful hint regarding NUTRI-SPEC testing. If you see ketones in urine with a low specific gravity, you are almost always looking at a case of insulin resistance. Many of these patients were parasympathetic at a younger age, but are making the transition from parasympathetic to ketogenic as part of their developing insulin resistance. So --- when you see this combination of tests, you must address for your patient the essentiality of reducing carbs quantitatively, reducing high glycemic index carbs in particular, and eliminating fructose as much as possible. [When ketones are found in a urine with high specific gravity, your patient is likely either dysaerobic or sympathetic, particularly if the urine pH is low as well. --- We are, of course, eliminating in this discussion of ketones all urines that are affected by medications.]

You now know everything necessary to restore glycemic control to virtually any patient, and far more than any other doctor your patients are likely to employ. But recognize that most Type II diabetics are looking for a remedy that keeps their pathology under control while they continue the pernicious lifestyle that caused the condition. Do not waste your time with patients who will not admit that their Type II diabetes is the result of their life-long over-consumption of sugars and starches. Explain to your patients how they caused their diabetes, and the dark road that lies ahead. If they are motivated to correct those causes then you have a winning patient, and ...

YOUR PATIENT HAS A WIZARD OF GLYCEMIA FOR A DOCTOR.

To magical good health,

Guy R. Schenker, D.C.